CLAIMS ONLY

Application Number	Filing Date
10/729329	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*				*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6	1						56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62		1					
13		1					63							
14		1					64							
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17		1					67							
18							68							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	2						Total Indep							
Total Depend	14						Total Depend							
Total Claims	16						Total Claims							